

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.   
**TRUE NORTH PAC**

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Julia Miller

Signature of Treasurer Julia Miller [Electronically Filed] Date  /  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**TRUE NORTH PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="12500.00"/>	<input type="text" value="12500.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="12500.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="160500.00"/>	<input type="text" value="160500.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="173000.00"/>	<input type="text" value="173000.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="89983.51"/>	<input type="text" value="89983.51"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="83016.49"/>	<input type="text" value="83016.49"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**TRUE NORTH PAC**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	81500.00	81500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	81500.00	81500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	79000.00	79000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	160500.00	160500.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	160500.00	160500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	160500.00	160500.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	39983.51	39983.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	39983.51	39983.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50000.00	50000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	89983.51	89983.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	89983.51	89983.51

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	160500.00	160500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	160500.00	160500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	39983.51	39983.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	39983.51	39983.51

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**TRUE NORTH PAC**

**A. Grant Aldonas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2819 N Jefferson Street  
 City Arlington State VA Zip Code 22207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Split Rock International Occupation Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA11AI.4163**  
 Amount of Each Receipt this Period  
 2500.00

**B. Bridget L Baker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10098 Valley Spring Lane  
 City Toluca Lake State CA Zip Code 91602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baker Communications Occupation Principal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 30 / 2015  
**Transaction ID : SA11AI.4125**  
 Amount of Each Receipt this Period  
 2500.00

**C. Stephen M. Brett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 45 Bellevue Drive  
 City Boulder State CO Zip Code 80302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GCI Occupation Board Chair  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.4229**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TRUE NORTH PAC**

Full Name (Last, First, Middle Initial)  
**A. Larry Burton**

Mailing Address 4733 N Dittmar Road

City State Zip Code  
Arlington VA 22207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CVS Caremark Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 02 / 2015

**Transaction ID : SA11AI.4179**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Gregory F Chapados**

Mailing Address 3310 Fairmount Street Apt 16F

City State Zip Code  
Dallas TX 75201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GCI Communication Corporation COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 30 / 2015

**Transaction ID : SA11AI.4119**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**C. Ronald Duncan**

Mailing Address 2550 Denali Street Ste 1000

City State Zip Code  
Anchorage AK 99503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GCI President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 30 / 2015

**Transaction ID : SA11AI.4121**

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TRUE NORTH PAC**

**A. Jerry Edgerton**  
Full Name (Last, First, Middle Initial)

Mailing Address 8406 Martingale Drive

City McLean State VA Zip Code 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer GCI Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 30 / 2015  
**Transaction ID : SA11AI.4117**

Amount of Each Receipt this Period  
 1000.00

**B. Scott Fisher**  
Full Name (Last, First, Middle Initial)

Mailing Address 5710 South Aspen Court

City Greenwood Village State CO Zip Code 80121

FEC ID number of contributing federal political committee. **C**

Name of Employer Fisher Capital Partners Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 30 / 2015  
**Transaction ID : SA11AI.4115**

Amount of Each Receipt this Period  
 1000.00

**C. Salvatore A Fratto**  
Full Name (Last, First, Middle Initial)

Mailing Address 6623 32nd Street NW

City Washington State DC Zip Code 20015

FEC ID number of contributing federal political committee. **C**

Name of Employer Hamilton Place Strategies Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA11AI.4161**

Amount of Each Receipt this Period  
 2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TRUE NORTH PAC**

Full Name (Last, First, Middle Initial) <b>A. Sam Geduldig</b>		Date of Receipt MM / DD / YYYY 03 / 26 / 2015 <b>Transaction ID : SA11AI.4149</b>
Mailing Address 1101 K Street NW Ste 650		Amount of Each Receipt this Period 500.00
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C		
Name of Employer Clark Lytle Geduldig Cranford	Occupation Senior Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Kenneth L Gerondale Jr</b>		Date of Receipt MM / DD / YYYY 04 / 02 / 2015 <b>Transaction ID : SA11AI.4187</b>
Mailing Address 5400 Homer Drive		Amount of Each Receipt this Period 1000.00
City Anchorage	State AK	Zip Code 99518
FEC ID number of contributing federal political committee. C		
Name of Employer Construction Machinery	Occupation CEO/President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Robert B. Gillam</b>		Date of Receipt MM / DD / YYYY 04 / 02 / 2015 <b>Transaction ID : SA11AI.4201</b>
Mailing Address 3301 C Street Ste 500		Amount of Each Receipt this Period 5000.00
City Anchorage	State AK	Zip Code 99503
FEC ID number of contributing federal political committee. C		
Name of Employer McKinley Capital Management	Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**TRUE NORTH PAC**

**A. Lisa Gilman**  
Full Name (Last, First, Middle Initial)

Mailing Address 405 Talahi Rd SE

City Vienna	State VA	Zip Code 22180
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FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker	Occupation Homemaker
-------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 02 / 2015  
**Transaction ID : SA11AI.4131**

Amount of Each Receipt this Period  
250.00

**B. Lisa Gilman**  
Full Name (Last, First, Middle Initial)

Mailing Address 405 Talahi Rd SE

City Vienna	State VA	Zip Code 22180
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FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker	Occupation Homemaker
-------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 25 / 2015  
**Transaction ID : SA11AI.4135**

Amount of Each Receipt this Period  
250.00

**C. Lisa Gilman**  
Full Name (Last, First, Middle Initial)

Mailing Address 405 Talahi Rd SE

City Vienna	State VA	Zip Code 22180
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FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker	Occupation Homemaker
-------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11AI.4144**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**TRUE NORTH PAC**

**A. Lisa Gilman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 405 Talahi Rd SE  
 City Vienna State VA Zip Code 22180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Homemaker Occupation Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 14 / 2015  
**Transaction ID : SA11AI.4209**  
 Amount of Each Receipt this Period  
 250.00

**B. Lisa Gilman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 405 Talahi Rd SE  
 City Vienna State VA Zip Code 22180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Homemaker Occupation Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2015  
**Transaction ID : SA11AI.4210**  
 Amount of Each Receipt this Period  
 250.00

**C. William Glasgow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2426 Jarratt Ave  
 City Austin State TX Zip Code 78703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GCI Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 30 / 2015  
**Transaction ID : SA11AI.4113**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**TRUE NORTH PAC**

**A. Perry Green**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3411 Princeton Way  
 City Anchorage State AK Zip Code 99508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 02 / 2015  
**Transaction ID : SA11AI.4185**  
 Amount of Each Receipt this Period  
**1000.00**

**B. Allan B Hubbard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 West Ohio Street Ste 1350  
 City Indianapolis State IN Zip Code 46204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer E&A Industries Inc Occupation Chairman/Co-Founder  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA11AI.4165**  
 Amount of Each Receipt this Period  
**1000.00**

**C. Kevin M Jardell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 23089  
 City Juneau State AK Zip Code 99802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State of Alaska Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 02 / 2015  
**Transaction ID : SA11AI.4183**  
 Amount of Each Receipt this Period  
**1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TRUE NORTH PAC**

**A. Kristopher Knauss**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 110190

City Anchorage State AK Zip Code 99511

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 02 / 2015

**Transaction ID : SA11AI.4203**

Amount of Each Receipt this Period  
 2500.00

**B. Mark Kroloff**  
Full Name (Last, First, Middle Initial)

Mailing Address 7101 Tree Top Circle

City Anchorage State AK Zip Code 99507

FEC ID number of contributing federal political committee. **C**

Name of Employer First Alaskan Capital Partners Occupation Principal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11AI.4231**

Amount of Each Receipt this Period  
 1000.00

**C. Clay Lowery**  
Full Name (Last, First, Middle Initial)

Mailing Address 1915 N Inglewood Street

City Arlington State VA Zip Code 22205

FEC ID number of contributing federal political committee. **C**

Name of Employer RCGA Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : SA11AI.4157**

Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TRUE NORTH PAC**

**A. James C May**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1176

City Rehoboth Beach State DE Zip Code 19971

FEC ID number of contributing federal political committee. **C**

Name of Employer The May Group Occupation Principal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 30 / 2015  
**Transaction ID : SA11AI.4127**

Amount of Each Receipt this Period  
 2500.00

**B. W. Harry McDonald**  
Full Name (Last, First, Middle Initial)

Mailing Address 6640 Jollipan Court

City Anchorage State AK Zip Code 99507

FEC ID number of contributing federal political committee. **C**

Name of Employer Saltchuk Resources Inc Occupation Managing Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 02 / 2015  
**Transaction ID : SA11AI.4199**

Amount of Each Receipt this Period  
 5000.00

**C. David A. McGuire**  
Full Name (Last, First, Middle Initial)

Mailing Address 3620 S Airpark Place Ste 6

City Anchorage State AK Zip Code 99502

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 02 / 2015  
**Transaction ID : SA11AI.4198**

Amount of Each Receipt this Period  
 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**TRUE NORTH PAC**

Full Name (Last, First, Middle Initial) <b>A. Patti McGuire</b>		Date of Receipt MM / DD / YYYY 04 / 02 / 2015 <b>Transaction ID : SA11AI.4195</b>
Mailing Address 3620 S Airpark Place Ste 6		Amount of Each Receipt this Period 5000.00
City Anchorage	State AK	Zip Code 99502
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 5000.00
Name of Employer Bridgecare Hospital	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Stephen Mooney</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.4233</b>
Mailing Address 5625 Alta Vista Rd		Amount of Each Receipt this Period 1000.00
City Bethesda	State MD	Zip Code 20817
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer The McLean Group	Occupation Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Keith Murphy</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.4227</b>
Mailing Address 516 11th Street SE		Amount of Each Receipt this Period 750.00
City Washington	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 750.00
Name of Employer Viacom Inc	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TRUE NORTH PAC**

**A. Robert C Penney**  
Full Name (Last, First, Middle Initial)

Mailing Address 3620 Penland Pkwy

City Anchorage State AK Zip Code 99508

FEC ID number of contributing federal political committee. **C**

Name of Employer Penco Properties Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2015

**Transaction ID : SA11AI.4193**

Amount of Each Receipt this Period  
 3500.00

**B. Tina M Pidgeon**  
Full Name (Last, First, Middle Initial)

Mailing Address 13844 Mainsail Drive

City Anchorage State AK Zip Code 99516

FEC ID number of contributing federal political committee. **C**

Name of Employer GCI Occupation Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 30 / 2015

**Transaction ID : SA11AI.4123**

Amount of Each Receipt this Period  
 2500.00

**C. Tina M Pidgeon**  
Full Name (Last, First, Middle Initial)

Mailing Address 13844 Mainsail Drive

City Anchorage State AK Zip Code 99516

FEC ID number of contributing federal political committee. **C**

Name of Employer GCI Occupation Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2015

**Transaction ID : SA11AI.4178**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TRUE NORTH PAC**

Full Name (Last, First, Middle Initial)  
**A. J Dana Pruhs**

Mailing Address 16957 Bedford Chase Circle

City Anchorage State AK Zip Code 99516

FEC ID number of contributing federal political committee. **C**

Name of Employer Pruhs Corporation Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2015  
**Transaction ID : SA11AI.4181**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. James A Renigar**

Mailing Address 6109 Eastview Street

City Bethesda State MD Zip Code 20817

FEC ID number of contributing federal political committee. **C**

Name of Employer General Electric Occupation Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA11AI.4155**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. James M Schneider**

Mailing Address 21 Hedge Lane

City Austin State TX Zip Code 78746

FEC ID number of contributing federal political committee. **C**

Name of Employer Frontier Bancshares, Inc Occupation Chairman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.4237**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**TRUE NORTH PAC**

**A. Douglas H Schwartz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1348 Constitution Ave NE  
 City Washington State DC Zip Code 20002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CGCN Group Occupation Partner  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 26 / 2015**  
**Transaction ID : SA11AI.4151**  
 Amount of Each Receipt this Period **500.00**

**B. Marshall G Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Plum Cove Court  
 City The Woodlands State TX Zip Code 77381  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer JP Morgan Occupation Investment Banker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2000.00**

Date of Receipt **04 / 02 / 2015**  
**Transaction ID : SA11AI.4189**  
 Amount of Each Receipt this Period **2000.00**

**C. Thaddeus E. Strom**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4919 Sedgwick Street NW  
 City Washington State DC Zip Code 20016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Parry Romani Deconcini Occupation Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : SA11AI.4225**  
 Amount of Each Receipt this Period **500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**TRUE NORTH PAC**

**A. Charles Stewart Verdery Jr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1605 N Edgewood Street  
 City State Zip Code  
 Arlington VA 22201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Monument Policy Group Attorney  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.4223**  
 Amount of Each Receipt this Period  
 500.00

**B. John K Veroneau**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1715 N Inglewood Street  
 City State Zip Code  
 Arlington VA 22205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Covington & Burling, LLP Attorney  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA11AI.4153**  
 Amount of Each Receipt this Period  
 1000.00

**C. Rudolph F. Von Imhof**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3835 W 100th Ave  
 City State Zip Code  
 Anchorage AK 99515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Delta Leasing Owner  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2015  
**Transaction ID : SA11AI.4191**  
 Amount of Each Receipt this Period  
 2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TRUE NORTH PAC**

**A. Robert Walp**  
Full Name (Last, First, Middle Initial)

Mailing Address 804 P Street Apt 4

City Anchorage State AK Zip Code 99501

FEC ID number of contributing federal political committee. **C**

Name of Employer GCI Occupation Vice Chairman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11AI.4235**

Amount of Each Receipt this Period  
5000.00

**B. Eric Zinterhofer**  
Full Name (Last, First, Middle Initial)

Mailing Address 30 Rockefeller Plaza Room 5600

City New York State NY Zip Code 10112

FEC ID number of contributing federal political committee. **C**

Name of Employer Searchlight Capital Occupation Founding Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 30 / 2015

**Transaction ID : SA11AI.4129**

Amount of Each Receipt this Period  
2500.00

**C.**  
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	81500.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 42  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**TRUE NORTH PAC**

Full Name (Last, First, Middle Initial)  
**A. AFOGNAK NATIVE CORPORATION-ALUTIIQ PAC**

Mailing Address 3909 ARCTIC BLVD SUITE 400

City State Zip Code  
ANCHORAGE AK 99503

FEC ID number of contributing federal political committee. **C C00443937**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11C.4142**

Amount of Each Receipt this Period  
2000.00

Full Name (Last, First, Middle Initial)  
**B. AIRCRAFT OWNERS AND PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 421 AVIATION WAY

City State Zip Code  
FREDERICK MD 21701

FEC ID number of contributing federal political committee. **C C00131185**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 25 / 2015  
**Transaction ID : SA11C.4136**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**C. ALASKA AIR GROUP INC. POLITICAL ACTION COMMITTEE**

Mailing Address 19300 PACIFIC HIGHWAY SOUTH

City State Zip Code  
SEATTLE WA 98188

FEC ID number of contributing federal political committee. **C C00024349**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11C.4215**

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 9000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TRUE NORTH PAC**

Full Name (Last, First, Middle Initial)  
**A. ALTRIA GROUP, INC. POLITICAL ACTION COMMITTEE (ALTRIAPAC)**

Mailing Address 101 CONSTITUTION AVE NW  
SUITE 400W

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00089136

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2015

**Transaction ID : SA11C.4173**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**B. AMERICAN CABLE ASSOCIATION INC PAC (ACA PAC)**

Mailing Address ONE PARKWAY CENTER, SUITE 212

City PITTSBURGH State PA Zip Code 15220

FEC ID number of contributing federal political committee. **C** C00364109

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2015

**Transaction ID : SA11C.4109**

Amount of Each Receipt this Period  
2500.00

Full Name (Last, First, Middle Initial)  
**C. AMERICAN CHEMISTRY COUNCIL PAC**

Mailing Address 700 2ND STREET, NE  
ATTN: DONALD EVANS

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00252338

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
02 / 02 / 2015

**Transaction ID : SA11C.4133**

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TRUE NORTH PAC**

Full Name (Last, First, Middle Initial)  
**A. AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1111 14TH STREET, NW  
SUITE 1100

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 02 / 2015

**Transaction ID : SA11C.4205**

Amount of Each Receipt this Period  
2500.00

Full Name (Last, First, Middle Initial)  
**B. AMERICAN HOSPITAL ASSOCIATION PAC**

Mailing Address 325 SEVENTH STREET, NW  
SUITE 700

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 12 / 2015

**Transaction ID : SA11C.4207**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**C. ANADARKO PETROLEUM CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 1201 LAKE ROBBINS DRIVE

City THE WOODLANDS State TX Zip Code 77380

FEC ID number of contributing federal political committee. **C** C00231951

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : SA11C.4171**

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**TRUE NORTH PAC**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&amp;T FEDERAL PAC)</b>		Date of Receipt
Mailing Address 208 S. AKARD STREET SUITE 2701		<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : SA11C.4211</b>
DALLAS	TX	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="2500.00"/>
C C00109017	75202	
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. BRYAN CAVE LLP POLITICAL ACTION COMMITTEE</b>		Date of Receipt
Mailing Address 1155 F STREET NW SUITE 700		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : SA11C.4167</b>
WASHINGTON	DC	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="5000.00"/>
C C00332643	20004	
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. COMCAST CORPORATION &amp; NBCUNIVERSAL POLITICAL ACTION COMMITTEE - FEDERAL</b>		Date of Receipt
Mailing Address 1701 JFK BLVD, 49TH FLOOR		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : SA11C.4145</b>
PHILADELPHIA	PA	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="1500.00"/>
C C00248716	19103	
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="9000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TRUE NORTH PAC**

Full Name (Last, First, Middle Initial)  
**A. COMPETITIVE CARRIERS ASSOCIATION PAC (CCA PAC)**

Mailing Address 805 15TH STREET NW  
SUITE 401

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00490698

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : SA11C.4169**

Amount of Each Receipt this Period  
2500.00

Full Name (Last, First, Middle Initial)  
**B. COVINGTON AND BURLING LLP PAC**

Mailing Address 1201 PENNSYLVANIA AVENUE, NW

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00462630

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
03 / 26 / 2015  
**Transaction ID : SA11C.4147**

Amount of Each Receipt this Period  
2500.00

Full Name (Last, First, Middle Initial)  
**C. DIRECTV GROUP, INC. FUND - FEDERAL (DIRECTV PAC)**

Mailing Address 901 F STREET, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00331991

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11C.4217**

Amount of Each Receipt this Period  
1500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TRUE NORTH PAC**

Full Name (Last, First, Middle Initial)  
**A. FAA MANAGERS ASSOCIATION INC. PAC**

Mailing Address 1015 ATLANTIC BLVD.  
SUITE 245

City ATLANTIC BEACH State FL Zip Code 32233

FEC ID number of contributing federal political committee. **C** C00366070

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11C.4213**

Amount of Each Receipt this Period  
1500.00

Full Name (Last, First, Middle Initial)  
**B. FEDERAL EXPRESS POLITICAL ACTION COMMITTEE (FEDEXPAC)**

Mailing Address 942 SOUTH SHADY GROVE ROAD

City MEMPHIS State TN Zip Code 38120

FEC ID number of contributing federal political committee. **C** C00068692

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : SA11C.4177**

Amount of Each Receipt this Period  
2500.00

Full Name (Last, First, Middle Initial)  
**C. GCI PAC**

Mailing Address 1350 I STREET NW  
SUITE 1260

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00387894

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
01 / 30 / 2015  
**Transaction ID : SA11C.4107**

Amount of Each Receipt this Period  
2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 42  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**TRUE NORTH PAC**

**A. INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1615 L STREET, NW  
 SUITE 900  
 City WASHINGTON State DC Zip Code 20036  
 FEC ID number of contributing federal political committee. **C** C00032698  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11C.4175**  
 Amount of Each Receipt this Period  
 2000.00

**B. KELLEY DRYE & WARREN POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3050 K STREET NW SUITE 400  
 City WASHINGTON State DC Zip Code 20007  
 FEC ID number of contributing federal political committee. **C** C00301929  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA11C.4159**  
 Amount of Each Receipt this Period  
 1500.00

**C. KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 14TH STREET, NW  
 SUITE 800  
 City WASHINGTON State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C** C00236489  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11C.4219**  
 Amount of Each Receipt this Period  
 2000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5500.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TRUE NORTH PAC**

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL BUSINESS AVIATION ASSOCIATION INC POLITICAL ACTION COMMITTEE (NBAA-PAC)

Mailing Address 1200 G STREET, NW  
SUITE 1100

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00319723

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
02 / 25 / 2015

**Transaction ID : SA11C.4140**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION POLITICAL ACTION COMMITTEE (NCTA PAC)

Mailing Address 25 MASSACHUSETTS AVENUE, NW #100

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00010082

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2015

**Transaction ID : SA11C.4111**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
PRICEWATERHOUSECOOPERS POLITICAL ACTION COMMITTEE I

Mailing Address 1301 K STREET, NW  
SUITE 800W

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00107235

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
02 / 25 / 2015

**Transaction ID : SA11C.4138**

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TRUE NORTH PAC**

**A. VIACOM INTERNATIONAL, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 1501 M STREET  
SUITE 1100

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00167759

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11C.4221**

Amount of Each Receipt this Period  
2500.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	79000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TRUE NORTH PAC**

Full Name (Last, First, Middle Initial)

**A. 330 Maryland**

Mailing Address 6950 W 56th Street

City Mission State KS Zip Code 66202

Purpose of Disbursement  
Event Space Rental

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	5

**Transaction ID : SB21B.4297**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Diana Gardner Consulting Group, LLC**

Mailing Address 6209 Larstan Drive

City Alexandria State VA Zip Code 22312

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	1	5

**Transaction ID : SB21B.4245**

Amount of Each Disbursement this Period

8	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Robyn Engibous**

Mailing Address 3904 Highwood Ct, NW

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Travel Reimbursement-See Memos

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	5

**Transaction ID : SB21B.4286**

Amount of Each Disbursement this Period

3	0	3	7	.	6	7
---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4	1	3	7	.	6	7
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TRUE NORTH PAC**

Full Name (Last, First, Middle Initial)

**A. Marine Memorial**

Mailing Address 609 Sutter Street

City San Fransico State CA Zip Code 94102

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	24	/	2015

**Transaction ID : SB21B.4286.0**

Amount of Each Disbursement this Period

416.18
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Navy Lodge**

Mailing Address 1100 Farragut Rd

City Pebble Beach State CA Zip Code 93940

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	24	/	2015

**Transaction ID : SB21B.4286.1**

Amount of Each Disbursement this Period

202.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. United Airlines**

Mailing Address 233 S. Wacker Drive

City Chicago State IL Zip Code 60606

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	24	/	2015

**Transaction ID : SB21B.4286.2**

Amount of Each Disbursement this Period

422.10
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[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TRUE NORTH PAC**

Full Name (Last, First, Middle Initial)

**A. Uber**

Mailing Address 182 Howard Street Suite 8

City San Francisco State CA Zip Code 94105

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 24 / 2015

**Transaction ID : SB21B.4286.3**

Amount of Each Disbursement this Period

319.13

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Delta Airlines**

Mailing Address PO Box 20980

City Atlanta State GA Zip Code 30320

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 24 / 2015

**Transaction ID : SB21B.4286.4**

Amount of Each Disbursement this Period

1183.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Holtzman Vogel Josefiak PLLC**

Mailing Address 45 North Hill Drive  
Ste 100

City Warrenton State VA Zip Code 20186

Purpose of Disbursement  
Legal Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2015

**Transaction ID : SB21B.4263**

Amount of Each Disbursement this Period

600.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

600.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TRUE NORTH PAC**

Full Name (Last, First, Middle Initial)

**A. Laura Rizzo**

Mailing Address 1316 Alexandria Ave

City Alexandria State VA Zip Code 22308

Purpose of Disbursement  
Event Space/Catering Reimbursement-See Memo

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2015

Transaction ID : **SB21B.4272**

Amount of Each Disbursement this Period

3305.00

Full Name (Last, First, Middle Initial)

**B. Joe's Stone Crab**

Mailing Address 750 15th Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Event Space Rental/Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2015

Transaction ID : **SB21B.4272.0**

Amount of Each Disbursement this Period

3305.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Laura Rizzo**

Mailing Address 1316 Alexandria Ave

City Alexandria State VA Zip Code 22308

Purpose of Disbursement  
Catering Reimbursement-See Memos

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2015

Transaction ID : **SB21B.4274**

Amount of Each Disbursement this Period

2050.84

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5355.84

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TRUE NORTH PAC**

Full Name (Last, First, Middle Initial)

**A. Acqua AI 2**

Mailing Address 212 7th Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Event Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	30	/	2015

**Transaction ID : SB21B.4274.0**

Amount of Each Disbursement this Period

1560.00
---------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Red Hot & Blue**

Mailing Address 6482 Landsdowne Centre Dr

City Alexandria State VA Zip Code 22315

Purpose of Disbursement  
Event Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	30	/	2015

**Transaction ID : SB21B.4274.1**

Amount of Each Disbursement this Period

414.85
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Julie Sullivan**

Mailing Address 12230 Lilac Drive

City Anchorage State AK Zip Code 99516

Purpose of Disbursement  
Travel Reimbursement-See Memos

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	09	/	2015

**Transaction ID : SB21B.4265**

Amount of Each Disbursement this Period

1523.28
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1523.28
---------

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TRUE NORTH PAC**

Full Name (Last, First, Middle Initial)

**A. Alaska Airlines**

Mailing Address PO Box 68900

City State Zip Code  
Seattle WA 98168

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	09	/	2015

**Transaction ID : SB21B.4265.0**

Amount of Each Disbursement this Period

1412.50
---------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Julie Sullivan**

Mailing Address 12230 Lilac Drive

City State Zip Code  
Anchorage AK 99516

Purpose of Disbursement  
Travel Reimbursement-See Memo

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	24	/	2015

**Transaction ID : SB21B.4267**

Amount of Each Disbursement this Period

296.70
--------

Full Name (Last, First, Middle Initial)

**C. Alaska Airlines**

Mailing Address PO Box 68900

City State Zip Code  
Seattle WA 98168

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	24	/	2015

**Transaction ID : SB21B.4267.0**

Amount of Each Disbursement this Period

296.70
--------

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

296.70
--------

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TRUE NORTH PAC**

Full Name (Last, First, Middle Initial)

**A. The MK Group**

Mailing Address 5905 Gloster Road

City State Zip Code  
Bethesda MD 20816

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2015

**Transaction ID : SB21B.4290**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. The MK Group**

Mailing Address 5905 Gloster Road

City State Zip Code  
Bethesda MD 20816

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 27 / 2015

**Transaction ID : SB21B.4292**

Amount of Each Disbursement this Period

7500.00

Full Name (Last, First, Middle Initial)

**C. The MK Group**

Mailing Address 5905 Gloster Road

City State Zip Code  
Bethesda MD 20816

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2015

**Transaction ID : SB21B.4293**

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

12500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TRUE NORTH PAC**

Full Name (Last, First, Middle Initial)

**A. The Rizzo Dukes Group**

Mailing Address 1316 Alexandria Ave

City Alexandria State VA Zip Code 22308

Purpose of Disbursement  
Fundraising Consulting/Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2015

**Transaction ID : SB21B.4294**

Amount of Each Disbursement this Period

5263.76

Full Name (Last, First, Middle Initial)

**B. The Rizzo Dukes Group**

Mailing Address 1316 Alexandria Ave

City Alexandria State VA Zip Code 22308

Purpose of Disbursement  
Fundraising Consulting/Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2015

**Transaction ID : SB21B.4296**

Amount of Each Disbursement this Period

10125.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

15388.76

39802.25

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TRUE NORTH PAC**

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF JOHN MCCAIN INC</b>		Date of Disbursement MM / DD / YYYY 02 / 25 / 2015
Mailing Address 228 S WASHINGTON STREET SUITE 115		Transaction ID : <b>SB23.4247</b>
City ALEXANDRIA	State VA	
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period 2700.00
Candidate Name <b>JOHN S MCCAIN</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ	District: 00	

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF JOHN MCCAIN INC</b>		Date of Disbursement MM / DD / YYYY 02 / 25 / 2015
Mailing Address 228 S WASHINGTON STREET SUITE 115		Transaction ID : <b>SB23.4250</b>
City ALEXANDRIA	State VA	
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period 2300.00
Candidate Name <b>JOHN S MCCAIN</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ	District: 00	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF KELLY AYOTTE</b>		Date of Disbursement MM / DD / YYYY 06 / 22 / 2015
Mailing Address PO BOX 937		Transaction ID : <b>SB23.4251</b>
City MANCHESTER	State NH	
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period 2700.00
Candidate Name <b>KELLY A AYOTTE</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NH	District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TRUE NORTH PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF KELLY AYOTTE**

Mailing Address PO BOX 937

City MANCHESTER State NH Zip Code 03105

Purpose of Disbursement  
Political Contribution

Candidate Name  
**KELLY A AYOTTE**

Office Sought:  House  
 Senate  
 President  
State: NH District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	22	/	2015

Transaction ID : **SB23.4254**

Amount of Each Disbursement this Period

2300.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF ROY BLUNT**

Mailing Address PO BOX 10178

City COLUMBIA State MO Zip Code 65205

Purpose of Disbursement  
Political Contribution

Candidate Name  
**ROY BLUNT**

Office Sought:  House  
 Senate  
 President  
State: MO District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	22	/	2015

Transaction ID : **SB23.4255**

Amount of Each Disbursement this Period

2700.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF ROY BLUNT**

Mailing Address PO BOX 10178

City COLUMBIA State MO Zip Code 65205

Purpose of Disbursement  
Political Contribution

Candidate Name  
**ROY BLUNT**

Office Sought:  House  
 Senate  
 President  
State: MO District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	22	/	2015

Transaction ID : **SB23.4258**

Amount of Each Disbursement this Period

2300.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7300.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TRUE NORTH PAC**

Full Name (Last, First, Middle Initial)

**A. GEORGIANS FOR ISAKSON**

Mailing Address POST OFFICE BOX 250116

City ATLANTA State GA Zip Code 30325

Purpose of Disbursement  
Political Contribution

Candidate Name  
**JOHN HARDY ISAKSON**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: GA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		22		2015

Transaction ID : **SB23.4259**

Amount of Each Disbursement this Period

2300.00
---------

Full Name (Last, First, Middle Initial)

**B. GEORGIANS FOR ISAKSON**

Mailing Address POST OFFICE BOX 250116

City ATLANTA State GA Zip Code 30325

Purpose of Disbursement  
Political Contribution

Candidate Name  
**JOHN HARDY ISAKSON**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: GA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		22		2015

Transaction ID : **SB23.4262**

Amount of Each Disbursement this Period

2700.00
---------

Full Name (Last, First, Middle Initial)

**C. KIRK FOR SENATE**

Mailing Address P.O. BOX 8

City WINNETKA State IL Zip Code 60093

Purpose of Disbursement  
Political Contribution

Candidate Name  
**MARK STEVEN KIRK**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: IL District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		22		2015

Transaction ID : **SB23.4268**

Amount of Each Disbursement this Period

2700.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7700.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TRUE NORTH PAC**

Full Name (Last, First, Middle Initial)

**A. KIRK FOR SENATE**

Mailing Address P.O. BOX 8

City WINNETKA State IL Zip Code 60093

Purpose of Disbursement  
Political Contribution

Candidate Name  
**MARK STEVEN KIRK**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: IL District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	2		2	0	1	5		

Transaction ID : **SB23.4271**

Amount of Each Disbursement this Period

2	3	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**B. LISA MURKOWSKI FOR US SENATE**

Mailing Address PO BOX 100847

City ANCHORAGE State AK Zip Code 99510

Purpose of Disbursement  
Political Contribution

Candidate Name  
**LISA MURKOWSKI**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: AK District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		2	4		2	0	1	5		

Transaction ID : **SB23.4275**

Amount of Each Disbursement this Period

2	7	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**C. LISA MURKOWSKI FOR US SENATE**

Mailing Address PO BOX 100847

City ANCHORAGE State AK Zip Code 99510

Purpose of Disbursement  
Political Contribution

Candidate Name  
**LISA MURKOWSKI**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: AK District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		2	4		2	0	1	5		

Transaction ID : **SB23.4278**

Amount of Each Disbursement this Period

2	3	0	0	.	0	0
---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7	3	0	0	.	0	0
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7	3	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TRUE NORTH PAC**

Full Name (Last, First, Middle Initial)

**A. NATIONAL REPUBLICAN SENATORIAL COMMITTEE**

Mailing Address 425 SECOND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement Political Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2015  Primary  General  Other (specify) Other

State: District:

Date of Disbursement: 01 / 29 / 2015

Transaction ID : **SB23.4279**

Amount of Each Disbursement this Period: 15000.00

Category/Type

Full Name (Last, First, Middle Initial)

**B. PORTMAN FOR SENATE COMMITTEE**

Mailing Address 9856 ARCHER LANE

City DUBLIN State OH Zip Code 43017

Purpose of Disbursement Political Contribution

Candidate Name **ROB PORTMAN**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: OH District: 00

Date of Disbursement: 06 / 22 / 2015

Transaction ID : **SB23.4282**

Amount of Each Disbursement this Period: 2300.00

Category/Type

Full Name (Last, First, Middle Initial)

**C. PORTMAN FOR SENATE COMMITTEE**

Mailing Address 9856 ARCHER LANE

City DUBLIN State OH Zip Code 43017

Purpose of Disbursement Political Contribution

Candidate Name **ROB PORTMAN**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: OH District: 00

Date of Disbursement: 06 / 22 / 2015

Transaction ID : **SB23.4285**

Amount of Each Disbursement this Period: 2700.00

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 20000.00

**TOTAL** This Period (last page this line number only)..... ▶ 50000.00